FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Jun 30, 2003 8:00 am
Secretary of State
06-30-2003 90064 008 ***550.00

DOCUMENT # P99000015848

1. Entity Name
USAIRTOURS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1455 Tallevast Road	1455 Tallevast Road
Suite, Apt. #, etc. Suite L6573	Suite, Apt. #, etc. Suite L6573
City & State Sarasota, Florida	City & State Sarasota, Florida
Zip / Country 34243-5036 / U.S.	Zip / Country 34243-5036 / U.S.

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4. FEI Number
59-3561390
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name
Gary Soles

Street Address (P.O. Box Number is Not Acceptable)
215 N. Eola Drive

City: Orlando | FL | Zip Code: 32801

6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: GARY SOLES (Signature, typed or printed name and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE: 6/27/03

January 1 - May 1, the fee is $150.00
After May 1, the fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	Novik, Guy
STREET ADDRESS	1 Raven Road
CITY-ST-ZIP	London, England E18 1HD

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CR2E004B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: G.A. Novik - G.A. NOVIK 16/06/03 1-877-793-1275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

06/06 '03 FRI 18:00 [TX/RX NO 8155] 004